

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

25286

## 1. PLACE OF DEATH

County SchuylerRegistration District No. 803Township StennardPrimary Registration District No. 44152City Stennard

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Marietta Stevens

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND-OF (OR) WIFE OF <u>Oscar Stevens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 6 1884</u>		
7. AGE <u>48</u>	YEARS <u>11</u>	MONTHS <u>10</u>
		DAYS <u>10</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Mo13. NAME Levi Pickens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Martha Lockett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs Ruth Mathen (ADDRESS) Stennard Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stennard Mo DATE July 17 193319. UNDERTAKER John A. Roberts (ADDRESS) Lancaster Mo20. FILED July 24 1933 Ada Behmead (Address) Lancaster Mo

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 193322. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to July 16 1933I last saw him alive on July 16 1933 Death is saidto have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the stomach410 B73 B44

Other contributory causes of importance:

massive splenic enlargementCachexiaName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) E. E. Giltner(Address) Lancaster Mo

